Effective October 1, 2000

Ápplication or Docket Number

09749742

1/10/ CLAIMS AS FILED - PART I												
			(Colum	n 1)	(Colu	ımn 2)		SMALL ENTITY TYPE		OR		R THAN ENTITY
TOTAL CLAIMS					. š. · š.	apt the	ΙE	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			18 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			A minus 3 =					 X40≐		OR	7/00	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT					+135=		1		
* If the difference in column 1 is less than zero, enter "0" in column 2							<u> </u>			OR	+270=	
CLAIMS AS AMENDED - PART II							ļ	TOTAL		OR	TOTAL	710
_	PS Carren	(Column 1)	837.0° 11 11 11 11 11 11 11 11 11 11 11 11 11	(Colum	nn 2)	(Column 3)	mn 3) SMALL ENT			OR	OTHER SMALL I	
AMENDMENT A	120 A	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	***	CI AINA	<u> </u>		X40=		OR	X80=	
	THOTTALOL	TATION OF MI	OLTIPLE DE	PENDENT	CLAIM			135=		OR	+270=	
								TOTAL			TOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)	ADI	DIT. FEE		OR ,	ADDIT. FEE	
AMENDMENT B.		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=	,
	Independent	* NTATION OF MU	Minus	***	01.4114		×	(40=		OR	X80=	
	THIOTTITLOE	IVIATION OF MIC	CTIPLE DEF	ENDENT	CLAIM			135=		Ī	+270=	
							_	TOTAL		OR	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADD	IT. FEE L		OR ,	DDIT. FEE	
AMENDIMENI C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u> </u>	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	<i>"</i>
AME	Independent		Minus	***		=	-	40=		ŀ	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=	
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+270= TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												